1	Q And after that time did you have
2	increased difficulty and pain from April of 1996
3	forward in your left shoulder as compared to the,
4	let's say, the six months or a year before that?
5	A Yes, it increased more.
6	Q So would it be fair to say that the level
7	of pain in your shoulder increased and stayed at a
8	higher level after April of 1996 when you had your
9	second accident?
10	A Yes.
11	Q I want to ask you the same basic
12	questions with regard to the pain that you felt in
13	your right testicle. You already testified that after
14	the injury in April of 1996 you had a heavier pain and
15	swelling in your right leg. Did the pain, the
16	increased pain in your right testicle and right leg
17	stay at that higher level after your injury of April
13	of 1996?
1 :	A leg, it remained like that.
2	Q you have an estimate in your own mind
2.	about how mu fore intense the pain was in your light
2.1	testicle after the injury of 1986, as compared to what
2)	it had been, let's say, over the past six months or so
5 ī	prior to that .njury?
25	A It was at a level that this pain that

1	I had, that I felt there, it made me vomit.
2	Q Could you describe the increased pain
3	that you felt in your left shoulder after the second
4	injury in April of '96 as compared to how the shoulder
5	had been, let's say, for the last six months or year
6	before that?
7	A It increased to the point that I couldn't
8	walk and I couldn't lift anything heavy. When I was
9	walking it was bothering me a lot.
10	Q Did that continue until you had an
11	operation later on?
12	A Yes.
13	Q Now, I believe you said that the second
14	injury that occurred in April of '96 was when you were
15	doing your regular work; is that correct?
16	A Yes.
1.7	Q Were you doing anything unusual on that
13	day in April of '96?
.)	A No, just my regular work.
	MR. MARGELL: Off the cadord.
_ <u> </u>	MR. CHOMPSON: Sure.
12	(Discussion off the record.)
2.3	BY MR. KATSELL:
2.4	Q Did you take any time off work after your
:5	injury in April of 1996?

1	A I think I also took a couple of days
2	only. I believe it could have been one week or two.
3	Q And then when you went back to work, did
4	you continue to do your regular duties?
5	A Yes. I went back to do light duty for
6	about two or three days.
7	Q And then after that you did your regular
8	duties after that?
9	A Regular, yes.
10	Q Did you see any doctors in the wake of
11	your new injury in April of 1996?
12	A Could you repeat the question.
13	Q I believe you were saying that you
14	continued your regular duties except that you worked
15	for one or two days doing light duties?
16	A Yes.
17	Q When you continued with your regular
13	duties, did the pain is your testicle continue as you
19	described it earlier?
20	A Yes, it practical.
21	Did it hast so the point of wasiting on a
22	continuing basis?
2 3	A Yes.
24	Q How often would you have an abtack of
25	nausea or vomiting after your injury to April of '96?

CLIFFORD I. MARSHALL, M.D.
CENTURY CITY MEDICAL PLAZA, SUITE 1607
2060 CENTURY PARK EABT
LOS ANGELES, CALIFORNIA 90007
TELEPHONE 12131 555-1888

UROLOGY AND UROLOGICAL SURGERY

7

I believe Mr. Jamaica, from a urological point of view is permanent and stationary at this time.

CAUSATION:

After an alleged injury at work the claimant developed pain in the right groin and right scrotal area. It was not associated with urination difficulties. These symptoms were sustained at the time of employment during which he was assembling a heavy cabinet. The mechanism of injury was a stretch type strain to the affected areas.

This injury was subsequently aggravated on several different occasions over the course of the next $l\frac{1}{2}$ to 2 years while at work. The initial injury obviously occurred during the course of his normal work day. The incidents are well documented.

Mr. Jamaica was evaluated and appropriate medical documentation is available for review.

It is clear from the records that the claimant sustained a work related injury with sequellae.

DISABILITY:

From a urological point of view, the claimant appears to be permanent and stationary. For rating purposes, the following should be considered:

SUBJECTIVE FACTORS OF DISABILITY: Intermittent to constant, mild to moderate, right inguinal and scrotal area pain. Sensory nerve discomfort, pressure, tingling, hypersensitivity right hip and thigh area, intermittent mild to moderate.

OBJECTIVE FACTORS OF DISABILITY: Active right cremasteric scrotal muscle reflex.

WORK-RESTRICTIONS: Avoidance of lifting, unassisted, objects weighing over 50-pounds. It is my opinion that an appropriate period of time would be indefinite in this case.

APPORTIONMENT:

Absent any prior urological based work limitation apportionment is not indicated.

EXHIBIT P

RE: JAMAICA, Frank DATE: June 2, 1997

PAGE: 11

the above-mentioned versions of his mechanism of injury. In Dr. Martin Klein's AME report no other injuries were described. Specifically no injuries were described as having occurred in or around April of 1996. This obviously is inconsistent with the other medical records which show that the patient was claiming an injury as having occurred in 1996.

In summary, all of the above-mentioned medical records and various doctors have come up with various different versions of the patient's mechanism of injury. It is only the most recent doctor (Dr. Klein in his report of 4/23/97) that there is now a new claim. That claim is for an injury to his left shoulder that occurred in 1995. The contemporaneous medical records at that time do not collaborate such an injury. Specifically, the records from 1995 and 1996 do not collaborate any left shoulder injury.

The patient was seen for an AOE/COE evaluation. Obviously, the patient's history is unreliable. He has related totally different histories to each of the doctors. With regards to his recent cumulative trauma claim, the patient's history, his records and his medical findings do not support such a claim.

If there are any questions, please feel free to call or contact me.

Sincerely,

STEVEN M. MA, M.D.

Strend-

SMM:cc

The patient was seen and examined by this physician on the date and at the location listed in the beginning of this report. The patient's history was obtained through an interpreter, Angela Rodrigo, from the Iberia Interpreting Service. The patient's entire history was reviewed with the patient and amended as necessary by this examiner. The evaluation was performed in compliance with the guidelines established by the Industrial Medical Council.

Continued . . .

STATE OF CALIFORNIA WORKERS' COMPENSATION APPEALS BOARD

Frank Janaica

SS#

Applicant,

Case No. ANA 0311896 ANA 0311897

i de

ORDER APPROVING COMPROMISE AND RELEASE

Plan Hold; CIGA adm by Camplible for Reliance; Zenich Defendants.

Personal service on parties present.

s counsel to serve all others,

BASED UPON [X] The reasons given in the settlement, [X] The medical reports on file, [] The Disability Rating,
Settlement appears fair and reasonable and is deemed adequate.
THE FOLLOWING ARE, IF CHECKED, APPLICABLE:
[] A good faith issue exists which, if resolved against the employee, would
totally bar employee's recovery of workers' compensation benefits perof the C&R.
(Thomas vs. Sports Chalet, Inc., 42 CCC 625.)
Release of death benefits (Sumner vs. WCAB, 48 CCC 369) has been
considered.
[] Release of applicant's rights to ordinary benefits for injuries occurring in
rehabilitation (Rodgers vs. WCAB, 50 CCC 299 and Carter, et al.vs. County of Los Angeles, et al., 51 CCC
255) has been considered. The applicant's rights to benefits under Labor Code Section 139.5 are not
settled.
11,
The parties to the above-entitled action having filed a Compromise and Release herein on
IT IS ORDERED that said Compromise and Release be approved.
AWARD IS MADE in favor of: THE ABOVE-NAMED APPLICANT AGAINST THE ABOVE-NAMED DEFENDANTS, PAYABLE AS FOLLOWS: In the above sum, less permanent disability advances, if applicable, less \$14.625.00 as attorneys' fees payable to applicant's attorney, BALANCE TO APPLICANT. Book thompson in receive 4/500.00 functions.
Liens are to be paid and/or adjusted as set forth in the Compromise and Release agreement filed herein, with jurisdiction reserved.
DATED AT ANAHEIM, CALIFORNIA
V \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

WORKERS COMPENSATION

ADMINISTRATIVE LAW JUDGE

COMPROMICE AND DELETOR	OF CALIFORNIA
	OF CALIFORNIA FINDUSTRIAL RELATIONS
REVERSE OF PAGE 2 BEFORE DIVISION OF WO	ORKERS COMPENSATION ANA 0311897
WORKERS' COMPE	ENSATION APPEALS BOARD CASE NO. ANA 0311896
XVI 2/1	SOCIAL SECURITY NO. 561-99-1776
7" (1)	0 1 0 1 0 0 1 0 0 1
Frank Jamaica	2115 Park Drive, Santo Ana, CA 92707
APPLICANT (EMPLOYEE)	ADDRE88
_	17421 Von Karmen
GPC International CORRECT NAME OF EMPLOYER	Irvine, CA ADDRESS
CIGA administered by Cambridge for	P.O. Box 25101
Reliance (In Liquidation) CORRECT NAME OF INSURANCE CARRIER	Santa Ana, CA 92799-5101
The injured employee claims that while employed as a <u>Asse</u>	(OCCUPATION AT TIME OF INJURY)
on <u>1/10/95; 4/19/95-</u> at <u>Irvine</u>	, CA , by the employe
4/19/96 CT	(Mility)
(a)he sustained injury arising out of and in the course of employ	yment to groin, right leg, right shoulder, and (STATE WHAT PARTS OF BODY WERE INJURED)
all other body parts listed in Applicat	tions
2. The parties hereby agree to settle any and all claims on accou	int of said injury by the navment of the sum of \$ 97.500
In addition to any sums heretofore paid by the employer or the	insurer to the employee, less amounts set forth in Paragraph No. 6.
3. Upon approval of this compromise agreement by the Workers' Co	compensation Appeals Board or a workers' compensation judge and payment ases and forever discharges said employer and insurance carrier from al
claims and causes of action, whether now known or acceptain	ases and icrever discharges said employer and insurance carrier item at lined, or which may hereafter arise or develop as a result of said injury
	surance carrier and each of them to the dependents, helis, executors
representatives, administrators or assigns of said employee.	
	CONTROL AND ALL CLASSES OF ADDITIONAL
4. Unless otherwise expressly provided herein, approval of the	his agreement RELEASES ANY AND ALL CLAIMS OF APPLICANTS YOR INJURIES COVERED BY THIS COMPROMISE AGREEMENT. The
parties have considered the release of these benefits in arriving	
	Transition of the second of th
5. Unless otherwise expressly ordered by a workers' compensation	ion judge, approval of this agreement DOES NOT RELEASE ANY CLAIM
APPLICANT MAY NOW OR HEREAFTEH HAVE FOH REHABI	ILITATION OR BENEFITS IN CONNECTION WITH BEHABILITATION.
6. The parties represent that the following facts are true: (if facts a	are disputed, state what each party contends under Paragraph 10.)
	CF 5
DATE OF BIATH ACTUAL EARNINGS AT TIME OF INJUR	RY LAST DAY OFF WORK QUE TO THIS INJURY
04/08/60 \$9.50 per hour	RY LAST DAY OFF WORK OUE TO THIS INJURY
PAYMENTS MADE BY EMPLOYER OR INSURANCE CARRIER	- C:
	DR COVERED TO N
	dispute S 2
PERMANENT DISABILITY INDEMNITY TOTAL MEDICAL AND HOSPITAL BILLS	
unknown	
BENEFITS CLAIMED BY INJURED EMPLOYEE	
PERIODS OFF DUE TO THIS INJURY	MEDICAL AND HOSPITAL BILLS PAID BY EMPLOYEE
in dispute	none
TOTAL UNPAID MEDICAL AND HOSPITAL EXPENSE	ESTIMATED FUTURE MEDICAL EXPENSE
To Ba Paid By: Defendant, per paragraph 7	
THE FOLLOWING AMOUNTS ARE TO BE DEDUCTED FR	ROM THE SETTLEMENT AMOUNT:
\$ 24.158 PAYABLE TO CTGA***	\$ PAYABLE TO
21/277	
\$ PAYABLE TO	\$ PAYABLE TO
\$ PAYABLE TO	\$ PAYABLE TO
	red attorney fee (See Paragraph No. 9), payable to applicant. (If payment le
to be other than in a lump aum, or there is additional information, so	pecify on separate page(3).)
*** Subject to proof of payment, including	ng any payments made prior to date of Order
Approving, but after the execution of thi	is Compromise and Release

OIA-15

DWC WCAB FORM 15 (REV. 1992) (PAGE 2)

•	
7.	Liens not mentioned in Paragraph No. 6 are to be disposed of as follows: Defendant agrees to pay, adjust
	and/or litigate any and all liens of record as of the date of this Compromise and
	Release
	For the purpose of determining the ilen claim(s) filed for benefits paid pursuant to the Unemployment Insurance Code or for benefits furnished by ilen claimants defined in Labor Code Sec. 4903.1, the parties propose reduction of the ilen claim(s) in accordance with formulae attached. Applicant's (employee's) attorney requests a fee of \$ Amount of attorney fee previously paid, if any, \$ Reason for Compromise, special provisions regarding rehabilitation and death benefit claims, and additional information:
9.	Applicant's (employee's) attorney requests a fee of \$ 7 / 1000. Amount of attorney fee previously paid, if any, \$
10.	Reason for Compromise, special provisions regarding rehabilitation and death benefit claims, and additional information: Applicant wishes to avoid the hazards of litigation; Defendant wishes to buy its peace. In consideration of this settlement, it is agree between Applicant and Defendant CIGA that CIGA will move for an Order of Contribution against co- defendant Zurich, that said Contribution will be based, in part, on the provisions of California Insurance Code Section 1063.1, et seq., and that Applicant has agreed to cooperate with CIGA in that action.
	Applicant agrees to waive any claim for penalties that are or may be due as of the date of this Compromise and Release, as such claims, if any, are incorporated and included herein. Applicant further agrees to waive any claim for Labor Code Interest on the Award, providing Defendant pays such Award within 30 days of the
	issuance of the Order Approving. — # 9 675 00 -70x 10:33 -0883305
,	issuance of the order Approving. # Cray & Wasserman, Ess = #9,675.00-10x 10:33-0883305 Breve Ma Afre Thimpson, Ess = #4,500.00 Dould Greenberg Sss = #450-00
	David Green deff, fish. = \$450.00 X See attached letters to prior attorners had CIGA harmless on alty Re: Green berg My hen - App file when it approved. The It is agreed by all parties hereto that the filling of this document is the filling of an application on behalf of the employee, and that the
	It is agreed by all parties hereto that the filling of this document is the filling of an application on behalf of the employee, and that the WCAB may in its discretion set the matter for hearing as a regular application, reserving to the parties the right to put in issue any of the facts admitted herein, and that if hearing is held with this document used as an application the defendants shall have available to them all defenses that were available as of the date of filling of this document, and that the WCAB may thereafter either approve said Compromise Agreement and Release or disapprove the same and issue Findings and Award after hearing has been held and the matter regularly submitted for decision. TNESS the signature hereof this
• • •	Fred James
V (T)	NESS) (DATE)
	Frank Jamai za
NITH	NESS CRAIG 5. WASSPITMAN, ESQ. (DATE)
	Total Land
HE	APPLICANT'S (EMPLOYEE'S) SIGNATURE MUST BE ATTESTED BY TWO DISINTERESTED SONS OR ACKNOWLEDGED BEFORE A NOTARY PUBLIC. PATTICK D. O'Keeffe, Esq. (DATE)
	STATE OF CALIFORNIA (DATE)
Cau	unty of
ים ו	this day of A.D., , before me,
ı N	iotary Public in and for the said County and State, residing therein, duly commissioned and swom, personally appeared
מחו	own to me to be the personwhose name
	scribed to the within instrument, and acknowledged to me that _ he _ executed the same.
N I	WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Certificate first above written.
	Notary Public in and for sald County and State of California

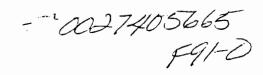
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Patricus Dock

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WORKE	STATE OF C	CALIFORNIA TION APPEALS BOAF	?D
		ANA	
Frank Jamaica		Case No. 411 0311	896 897
•	Applicant,		,
Plan Hold; CIGA as CAMBRIDE for Roll Zunich America	em.by	AFFIDAVIT OF DE RE: RESOLUTION	
	Defendants.		
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ROUVUY		1,763. 11Wal	u. to but review
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		the foregoing is true and	i correct and that
this affidavit was exe	•	. 1	-/ /
An,	aheun	California on 4/	5/04

EXHIBIT R



H. RAHMAN, M.D., F.R.C.S.

Orthopedic Surgery

1220 Hemlock Way ■ Suite 200 Santa Ana, CA 92707 (714) 751-0101

November 24, 2003

Craig S. Wasserman, Esquire 12362 Beach Blvd., Suite 15 Stanton, CA 90680

> RE: OCCUP: SS #:

CLAIM #:

JAMAICA, FRANK Cabinetmaker 561-99-1776 0789550290

EMP: DOI: WCAB #:

FILE #:

GBC International January 10, 1995 ANA 0311896, ANA 0311897

2-06799

SUPPLEMENTAL ORTHOPEDIC REPORT

Dear Mr. Wasserman:

Thank you for your letter of November 20, 2003 regarding Mr. Frank Jamaica.

I have reviewed the deposition transcripts of this patient and the Agreed Medical Evaluation report by Dr. Piasecki. I would also refer to my evaluation report of October 6, 2003, in which I had discussed the specific injury of January 10, 1995 and the second injury that was sustained on April 19, 1996. Dr. Piasecki had indicated in his Agreed Medical Evaluation report that the second injury was not considered a cumulative trauma but was also a specific injury that the patient sustained while he was working his routine and customary job duties. The second injury caused him increased level of pain and discomfort, especially to the shoulder region.

On reviewing the patient's deposition transcripts, and specifically on pages number 27, 28 and 29, it is noted that the patient recalls that his second injury took place in April of 1996.

First of all, as I indicated in my previous evaluation report, and also as Dr. Piasecki mentioned, the second injury was not a cumulative trauma but it was a specific injury that took place on April 19, 1996.

Regarding apportionment, I would apportion 75% of the patient's disability to the industrial accident of January 10, 1995 and 25% to the second specific injury he sustained on April 19, 1996. I believe that this report will help you in the finalization of this patient's claim regarding the work-related injuries.

Should you need any further information, please do not hesitate to contact my office.

H. Rahman, M. C., f Orthopedic Surgeon

DECLARATION UNDER PENALTY OF PERJURY

Pursuant to Labor Code Section 5701 (a) (2), I hereby declare under penalty of perjury that I have not offered, delivered, received, or accepted any rebate, refund, commission, preference, patronage, dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for the referral of this evaluation or consultation. As such, there has not been a violation of Labor Code Section 139.3.

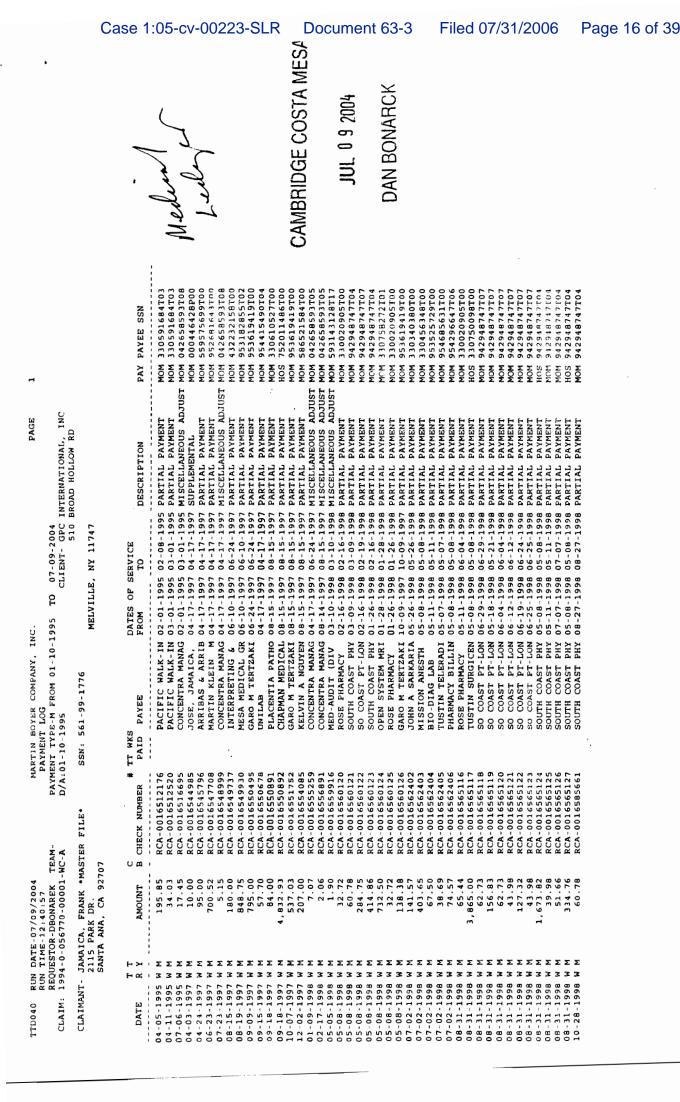
This report was signed in the County of Orange, California on July Complete

HR:pw

Reliance Insurance Company

P.O. Box 25099 Santa Ana, CA 92799 Attention: Shannon Gilbert

EXHIBIT S



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.:	5 O	MELVILLE, NY 11747		DATES OF SEI FROM		12-27-1999		11-05-1999			05-22-2000				07-27-2000				03-01-2001				02-08-2001			11-17-1998					08-07-2001					11-06-2001		09-07-2001
MARTIN BOYER COMPANY, INC PAYMENT LOG	M FROM 01-10-1995 5	561-99-1776		D PAYEE F	RPORAT	CCN, INC.	INC.	INTERPRETING & 1			AMERICAN DATAME O	MANEN	CORPORAT	CORPORAT	CORVEL CORPORAT O	PERMANEN		ROTTERMA	CORVEL CORPORAT O	PERMANEN			CAISEK PEKMANEN U			BIJAN ZAKDOUZ M I JAMES E LINEBAC O	COAST PHY			SOUTH COAST PHY 0			INI	COAST OR	ORANGE COAST OR 0	OUEST IN	OUEST IN	VISION QUEST IN 0
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PAGE 1004 GPC INTERNATIONAL, INC		DESCRIPTION		10/11/2001		08/14/2000	08/14/2001		11/26/2001						02/11/2002																		
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AM- - A	TER FILE*	# CHECK NUMBER	WFR-0000773807		WFR-0000774131		WFR-0000774207		WFR-0000774170	WFR-0000774172	WFR-0000774290	WFR-0000832141 WFP-0000832141	WFR-0000866554	WFR-0000866915	WFR-0000866565	WFR-0000866813	WFR-0000867005	WFR-0000856531	000000000-	WFR-0000923302	WFR-0000944228	WFR-0000981256	WFR-0000999824	WFR-0001036944	WFR-0001036686	WFR-0001040963	WFR-0001044512	WFR-0001062965	WFR-0001069273	WFR-0001116304 WFR-0001143537	WFR-0001143533	WFR-0001152982	WFR-0001179348
RUN DATE-07/09/2004 RUN TIME-12:40:57 REQUESTOR-DBONAREK TE 1994-0-056770-00001-WC	JAMAICA, FRANK *MAS1 2115 PARK DR. SANTA ANA, CA 92707	C AMOUNT B	80.55	. 80	242.33 Y	3.53	43	.11		313.05	200.00	578.58	273.48	359.30	122.80	56.0	680.00	72.	00	60.00	59.90	19	2,929.18	177.90	193.00	61.20		0.006	1,066.04	100.80	4 /	197.00	0.00
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COMPANY, INC. ; FROM 01-10-1995 TO	SSN: 561-99-1776 MELVILLE, NY 11747	DATES OF SERVICE DESCRIPTION TO TECHHEALTH INC/ 11-16-2003 11-16-2003 11/16/2003-11/16/200 DOC 593597243T00 TECHHEALTH INC/ 01-05-2004 01-05-2004 01/05/2004-01/05/200 POC 9429487721 ORANGE COAST OR 11-74-2003 11/17/2003-11/17/200 POC 94294877721 ORANGE COAST OR 11-72-2003 11/17/2003-11/17/200 POC 94294877721 ORANGE COAST OR 11-72-2003 11/17/2003-11/17/200 POC 94294877721 GUARDS PHARMACY 05-21-2001 07-05-2004 01/05/2004-02/10/200 POC 94294877731 JAMAICA, FRANK 04-20-2004 02-19-2004 02/19/2004-02/10/200 POC 94299373101 JAMAICA, FRANK 04-20-2004 04-20-2004 FUTURE MEDS FER C&R POC 5619917/56300 VISION QUEST IN 03-26-2004 01-29-2004 D/S 03/26/2004 THRU POC 34039374714
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TD040 RUN DATE-07/09/2004 RUN TIME-12:40:57 REQUESTOR-DBONAREK TEAM. CLAIM: 1994-0-056770-00001-WC-A	CLAIMANT- JAMAICA, FRANK *MASTER 2115 PARK DR. SANTA ANA, CA 92707	AMOUNT .00 .16.48 .77.21 .112.23 .232.01 .32.365.00 .1,350.00 .220.41
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PAGE INTERNATIONAL, INC BROAD HOLLOW RD	DESCRIPTION	PARTIAL PAYMENT				FAKIIAL PAYMENI LEGAL EXDENSE		PARTIAL PAYMENT				MISCELLANEOUS ADJUST	PARTIAL FATHER					PARTIAL PAYMENT DAPTIAL DAVMENT		PARTIAL PAYMENT			PARTIAL PAYMENT					PARTIAL PAYMENT					PARTIAL PAYMENT	MISCELLANEOUS ADJUST DARTIAL DAVMENT	PARTIAL PAYMENT	PARTIAL PAYMENT	PARTIAL PAYMENT	MISCELLANEOUS ADJUST
		06-16-1999	06-11-1999	06-30-1999	07-14-1999	07-16-1999	08-11-1999	08-25-1999	09-08-1999	09-22-1999	06-02-1999	99-1-50-01	10-06-1999	10-20-1999	10-20-1999	10-20-1999	11-03-1999	11-03-1999	11-17-1999	12-01-1999	12-01-1999	12-15-1999	12-15-1999	12-29-2000	11-12-2000	01-12-2000	01-26-2000	00-60-70	02-09-2000	02-23-2000	02-23-2000	03-08-2000	03-08-2000	03-28-2000	03-22-2000	04-05-2000	04-05-2000	04-05-2000
6 4 6	SERVICE	06-16	06-11	06-30	07-14	07-16	08-11	08-25	80-60	09-22	06-02	10-06					11-03	11-03	11-17	12-01	12-01	12-15	12-15	12-29		01-12	01-26	02-10	02-09	02-23	02-23	03-08	03-08	03-08	03-22	04-05	04-05	04-U
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BOYER COMPANY, INC. TT LOG TPE-T FROM 01-10-1995 1995 561-99-1776 ME	PAYEE	JOSE JAMAICA	SANTOCHI, FITZE		AK, JAMAICA,	-	JOSE JAMAICA			MK, JAMAICA,	ESQUIRE DEPOSIT	FRANK JAMAICA	FRANK, JAMAICA,	FRANK JAMAICA		VK, JAMAICA,	FRANK JAMAICA	FRANK JAMAICA,	FRANK, JAMAICA,	FRANK JAMAICA		FRANK, JAMAICA,	VK. JAMAICA			VK, JAMAICA,	FRANK JAMAICA		2	NK JAMAICA		7	MK, JAMAICA,	7	NK JAMAICA			NK, JAMAICA,
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M-A-ER FILE*	C HECK NUMBER	RCA-0001604849	RCA-0088888888	RCA-0016606506	RCA-0016607311	RCA-0088888888	RCA-0001608921	RCA-0016609605	RCA-0016610347	DCA-00166111/3	RCA-0016611627	RCA-0016622022	RCA-0016622022	RCA-0040010204	RCA-0040010204	RCA-0040011741	RCA-0040019852	RCA-0040037060	RCA-0040037060	RCA-0040049579	RCA-0040049579	RCA-0040065694	RCA-0040083466	RCA-0040083466	RCA-0040100055	RCA-0040100055	PCA-004012/081	RCA-0040141002	RCA-0040141002	RCA-0040152077	RCA-0040152077	RCA-0040182085	RCA-0040182085	RCA-0001609010	RCA-0001609010	RCA-0040217236	RCA-0040217236	1731 TOOLOO- UNV
07/09/2004 12:41:06 -DBOMAREK 6770-00001- A, FRANK *M ARK DR.	AMOUNT	601.34	53.0	601.34	01.3	54.0	ų.		601.34	9	. 4	80.0	80	80.	0.0	28	0.0	0	80	80	280.00	9 6	80.	280.00	80.	280.00	2 6	80.	æ	80.	80.	280.00	28.		80	80.0	280.00	
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PAGE INTERNATIONAL, INC	BROAD HOLLOW PD	DESCRIPTION	LEGAL EXPENSE			PARTIAL PAYMENT PARTIAL PAYMENT	MISCELLANEOUS ADJUST		LEGAL EXFENSE	PARTIAL PAYMENT	PARTIAL PAYMENT	PARTIAL PAYMENT	PARTIAL PAYMENT MISCELLANFORS ADJUST	MISCELLANEOUS ADJUST	MISCELLANEOUS ADJUST	LEGAL EXPENSE	PARTIAL PAYMENT		PARTIAL PAYMENT DARTIAL DAYMENT		PARTIAL FAYHENT	FARTIAL PAYMENT		MISCELLANEOUS ADJUST	PARTIAL PAYMENT	MISCELLANEOUS ADMIST	MISCELLANEOUS ADJUST	PARTIAL PAYMENT		PARTIAL PAYMENT			PARTIAL PAYMENT DARTIAL PAYMENT		PARTIAL FARITHE
TO 07-09-2004 CLIENT- GPC	510 BF MELVILLE, NY 11747	DATES OF SERVICE FROM TO	11-05-1999 11-05-1999	04-06-2000	03-23-2000	04-20-2000 05-03-2000	05-17-1999	05-04-2000 05-17-2000	04-19-2000	05-18-2000	05-18-2000	06-01-2000		03-24-2000	05-30-1997		06-15-2000	06-29-2000	06-29-2000 07-12-2000 07-13-2000			07-27-2000 08-09-2000		06-14-2000	08-24-2000		03-10-1999		09-07-2000 09-20-2000				10-19-2000 11-01-2000		11-02-2000 11-15-2000
MARTIN BOYER COMPANY, INC. PAYMENT LOG PAYMENT TYPE-I FROM 01-10-1995 D/A:01-10-1995	SSN: 561-99-1776	TT WKS PAID PAYEE	210 INTERPRETING &		217 6 SANTOCHI, GABLE	9		224 FRANK, JAMAICA,				236 FRANK JAMAICA	_	7	238 3 ASSOCIATED REPR	245 3 FRANK JAMAICA	m	m r	251 3 FRANK JAMAICA 253 3 FRANK, JAMAICA.	3 FRANK	3 FRANK	259 3 FRANK, JAMAICA, 261 3 FRANK JAMAICA	m	4	265 4 FRANK, JAMAICA,	·	267 6 ESQUIRE DEPOSIT	6 FRANK	271 6 FRANK, JAMAICA, 273 C EDANY TAMATCA	6 FRANK J	6 FRANK	279 6 FRANK, JAMAICA,	6 FRANK J	9	287 6 FRANK, JAMAICA,
- PAY D/A	*MASTER FILE*	C B CHECK NUMBER	RCA-0040223659 RCA-004022330	RCA-0040229370	RCA-0088888888888888888888888888888888888	RCA-0040247993	RCA-0040257237	RCA-0040266152	RCA-0088888888	RCA-0040284132	RCA-0040284132	RCA-0040301324	RCA-0040305276	RCA-0040305277	RCA-0040305278	RCA-0040321496	RCA-0040321496	RCA-0040338258	RCA-0040358258	RCA-0040358215	RCA-0040377368	RCA-0040377358	RCA-0040397178	RCA-0040403025	RCA-0040414779	RCA-0040429546	RCA-0040429547	RCA-0040431153	RCA-0040431153	RCA-0040448442	RCA-0040467230	RCA-0040467230	RCA-0040482899	RCA-0040499475	RCA-0040499475
RUN DATE-07/09/2004 RUN TIME-12:41:06 REQUESTOR-DBONAREK TEAM 1994-0-056770-00001-WC-A	JAMAICA, FRANK *MAS 2115 PARK DR. SANTA ANA, CA 92707	AMOUNT	135.00	0	385.00	280.00	271.23	280.00	297.00	280.00	280.00	280.00	135.00	175.00	126.00	280.00	280.00	280.00	280.00	0	280.00	280.00	280.00	156.16	280.00	95.	47.5	280.00	80.0	80.0	280.00	80.0	80.0	0	80.0
TTD040 RUN DAT RUN TIM REQUEST CLAIM: 1994-0-	CLAIMANT- JAMA 2115 SANT	T T DATE R Y	04-12-2000 W T 04-17-2000 W T	4-17-2000 W	04-25-2000 W T 05-01-2000 W T	S-01-2000 W	5-08-2000 W	-2000 1	5-18-2000 W	2000 1	5-26-2000 W	6-12-2000 W	6-14-2000 W	6-14-2000 W	3-2000 W	6-26-2000 W	-26-2000 W	7-10-2000 W	7-24-2000 W	7-24-2000 W	8-07-2000 W	-2000 W	8-21-2000 W	8-24-2000 W	9-01-2000 W	9-15-2000 W	9-15-2000 W	09-18-2000 W T	0-02-2000 W	0-02-2000 W	-17-2000 W	0-17-2000 W	0-31-2000 W	-14-2000 W	

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PAGE INTERNATIONAL, 1HC BROAD HOLLOW RD	DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		PARTIAL PAYMENT			PAYMENT OFFSET/PFSFE DAXMENT OFFSET/PFSFE				PAYMENT OFFSET/RESER					PAYMENT OFFSET/RESER					PAYMENT OFFSET/PESER PAYMENT OFFSET/PESER			PAYMENT OFFSET/RESER DAYMENT OFFSET/DESER			PAYMENT OFFSET/RESER PAYMENT OFFSET/RESER					PAYMENT OFFSET/RESER PARTIES DAPTIAL DAYMENT	MISCELLANECHS ADDITE			PARTIAL PAYMENT
TO 07-09-2004 CLIENT- GPC 510 LVILLE, NY 11747	DATES OF SERVICE FROM TO		11-16-2000 11-29-2000	11-30-2000 11-29-2000		-23-1999	10-07-1999 10-20-1999			-02-1999	12-16-1999 12-29-1999					02-10-2000 02-23-2000		04-06-2000 04-19-2000			05-18-2000 05-31-2000 06-01-2000 06-14-2000			07-27-2000 08-09-2000			09-07-2000 09-20-2000					11-30-2000 12-13-2000	08-25-2000	12-28-2000		02-08-2001 02-07-2001
NY, 1-10			FRANK JAMAICA	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	CORPORA	JAMAICA,	JAMAICA,	JAMAICA,
MARTIN BOYER COMPA PAYMENT LOG D/A:01-10-1995 SSN: S61-99-1776	KS D PAYEE		6 FRANK	FRANK			6 FRANK			6 FRANK,	6 FRANK		6 FRANK			6 FRANK,		6 FRANK,		6 FRANK,	6 FRANK,	6 FRANK,		6 FRANK.	6 FRANK,	6 FRANK,	6 FRANK,		6 FRANK,	6 FRANK,	6 FRANK,	6 FRANK,		FRANK,	FRANK,	FRANK,
RTIN AYMEN NT TN 1-10-	TT WKS PAID	;	289	293	295	293	289	287	285	283	279	292	290	288	286	284	280	278	276	274	270	268	266	262	260	258	256	252	250	248	246	244	247	249	251	255
FILE*	C HECK NUMBER		RCA-0040512386 PCA-0040512386	RCA-0040528537	RCA-0040528537	RCA-0016622022	RCA-0040010204	RCA-0040037060	RCA-0040049579	RCA-0040065694				RCA-0040127081	ECA-0040141002	RCA-0040182077	RCA-0040217236	RCA-0040229370	RCA-0040247993	RCA-0040266152	RCA-0040301324	RCA-0040321496	RCA-0040338258	RCA-0040358215 RCA-0040377368	RCA-0040397178	RCA-0040414779	RCA-0040431153 RCA-0040448442	RCA-0040467230	RCA-0040482899		RCA-0040512386	RCA-0040528537 RCA-0040541926	RCA-0040547475		RCA-0040569319	RCA-0040582330
RUN DATE-07/09/2004 RUN TIME-12:41:06 REQUESTOR-DBONAREK TEAM- 1994-0-056770-00001-WC-A T- JAMAICA, FRANK *MASTEF 2115 PARK DR. SANTA ANA, CA 92707	AMOUNT		280.00	280.00	80	280.00-	3 8	280.00-	80.00	280.00-	80.	2,088.71	280.00-	80.00	280.00-	8 8	280.00-	80.00	80.00	280.00-	80.00	00.	280.00-	280.00-	80.	2 2	280.00-	280.00-	80.	280.00-	280.00-	280.00-	12.06	۳.	601.34	980.00
TTD040 RUN DAT RUN TIM REQUEST CLAIM: 1994-0- CLAIMANT- JAMA 2115	T T DATE R Y	1 0	11-28-2000 W T	-12-2000 W	-12-2000 W	12-14-2000 Y T	-14-2000 Y	4-2000 Y	4-2000 Y	12-14-2000 Y T	2-14-2000 Y	-14-2000 W	-15-2000 Y	12-15-2000 Y T	2-15-2000 Y	2-15-2000 Y	2-15-2000 Y	2-15-2000 Y	12-15-2000 Y T	2-18-2000 Y	2-18-2000 Y	2-18-	8-2000 Y	9	2-18-2000 Y	¥ 2000 ¥	2-19-2000	2-19-2000 Y	2-19-2000 Y	2-19-2000 Y	Y 0002-6	2-7 2-2	02-2001 W	1-09-2001 W	02-06-2001 W T	0-2001

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		PAYEE SSN	000446427800	000116127F00	000416427F00	000446427F00	000446427P00	000446427P00	000446427P00	000446427200	00044642720	000446427P00	000446427900	00011612720	0.001.116.12.7 PP.0	000115427E09	000416127200	000446427P00	000446427P00	561991776500	561991776500	561991776500	561991776S00	561991776500	561991776500	561991776800	561991776500	541771776300	000077100108	561901776500	561991776800	561991776500	561991776500	COLLECTOR
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PAGE INTERNATIONAL, INC	BROAD HOLLOW RD	DESCRIPTION		PARTIAL PATHELLI		PARTIAL PAYMENT		PARTIAL PAYMENT PARTIAL PAYMENT		PARTIAL PAYMENT			PARTIAL PAYMENT			PARTIAL PAYMENT	PARTIAL FAYMENT LEGAL EXPENSE	PARTIAL PAYMENT	PARTIAL PAYMENT	TEMPORARY DISABILITY	12/13/2001 THRU 12/2 TEMP PICABILITY PED	TEMP. BENEFITS PERIO	01/24/02 THRU 02/06/	STOPPAY PLACED/NEVER	11/29/01 THRU 12/12/ 02/07/02 THRU 02/20	THRU			04/04/02:04/11/11/	0.2	THRU	THRU	06/13/2002 THRU 06/2 06/27/2002 THPH 07/1	
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10	MELVILLE,	DATES OF FROM	02-22-2001	03-22-2001	04-05-2001	05-03-2001	05-17-2001	05-31-2001	06-28-2001	07-12-2001	08-09-2001	08-23-2001	09-06-2001	09-06-2001	09-20-2001	10-04-2001	01-01-2001	11-01-2001	11-15-2001	11-29-2001	12-23-2001	01-10-2002	01-24-2002	11-29-2001	02-07-2002	02-21-2002	03-07-2002	03-21-2002	04-18-2002	05-02-2002	05-16-2002	05-30-2002	06-27-2002	,
COMPANY, INC. FROM 01-10-1995	91		JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA, JAMAICA	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	OKEEFE &	AMAICA,	ď	FRANK	FRANK	FRANK	FRANK	FRANK	FRANK	FRANK	FRANK	FRANK	FRANK	FRANK	FRANK	FRANK	FRANK	
MARTIN BOYER COME PAYMENT LOG PAYMENT TYPE-T FROM D/A:01-10-1995	SSN: 561-99-1776	TT WKS PAID PAYEE	FRANK,	FRANK,	FRANK,	FRANK,	FRANK,	FRANK,	FRANK,	FRANK,	FRANK,	FRANK,	3 FRANK,	FRANK,	FRANK,	FRANK,	6 GABLE C	6 FRANK,	6 FRANK,	9 4	_	9	9	18 6 JAMAICA,	o o	9	9	9 4	2 6 JAMAICA	9	9	IB 6 JAMAICA,	9 49	,
MART PAY YMENT	SS	*	22 257		12 263			11 271		175 277			39 286			179 289				193 322				193 328 015 EU		76 334		37 338				57 348		
1	ASTER FILE*	C B CHECK NUMBER	RCA-0072000022	RCA-0072002128	RCA-0072003212	RCA-0072005275	RCA-0072006377	RCA-0072007311 RCA-0072008365	RCA-0072009293	RCA-0072010375 RCA-0072011345	RCA-0072012458	RCA-0072013326	RCA-0072014239 RCA-0072014239	RCA-0072014239	RCA-0072015701	RCA-0072016879	RCA-00888888888	RCA-0072019248	RCA-0072019721	WFR-0000662893	WFR-0000705600	WFR-0000717895	WFR-0000764641	WFR-0000662893	WFR-0000792493	WFR-0000826576	WFR-0000854445	WFR-0000891037	WFR-0000944640	WFR-0000978389	WFR-0001007194	WFR-0001048057	WFR-0001102714	
RUN DATE-07/09/2004 RUN TIME-12:41:06 REQUESTOR-DBONAREK TEAM 1994-0-056770-00001-WC-A	JAMAICA, FRANK *MAST 2115 PARK DR. SANTA ANA, CA 92707	AMOUNT	980.00	00.086	980.00	00.086	00.086	980.00	980.00	980.00	00.086	980.00	00-086	-00.086	980.00	00.086	211.00	980.00	980.00	980.00	980.00	980.00	980.00	980.00-	980.00	980.00	980.00	980.00	980.00	980.00	980.00	980.00	980.00	
RUN DAT REQUEST 1994-0-	1	F & .	⊬ F 3:3	3	F F	3	3 3	- (- 3 3 3	3 :	E- (- 32 32	3	3 :	3 3	¥	3 :	3 3	3	3	Z				;	- (- >										
TTD040 RU RU RI CLAIM: 19	CLAIMANT	DATE	03-05-2001	-02	04-16-2001	4	05-29-2001		07-09-2001	07-23-2001 08-06-2001	08-21-2001	08-31-2001	09-14-2001	-02-	10-02-2001	10-30-2001	11-02-2001	11-12-2001	11-20-2001	12-11-2001	01-08-2002	01-15-2002	02-05-2002	02-06-2002	-19.	03-05-2002	03-19-2002	04-02-2002	04-30-2002	5-14	05-28-2002	06-25-2002	07-03-2002	

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PAY PAYEE SSN	561991776800	561991776S00	561991776S00	561991776800	561991776800	561991776500	561991776S00	561991776S00	561991776800	561991776500		561991776500	561991776800
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	THRU 08,	THRU 09,	THRU 09/1	THRU 10/0	THRU	THRU	THRU	THRU :	THRU	THRU 12/2	THRU	THRU 01,	THRU 02,
DESCRIPTION	08/08/2002	08/22/2002	09/02/2002	09/19/2002	10/03/2002	10/17/2002	10/31/2002	11/14/2002	11/28/2002	12/12/2002	12/26/2002	01/09/2003	01/23/2003
	8-21-2002	9-04-2002	9-18-2002	0-02-2002	0-16-2002	0-30-2002	1-13-2002	1-27-2002	2-11-2002	2-25-2002	1-08-2003	1-22-2003	2-05-2003
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MARTIN BOYER COMPANY, INC.
PAYMENT LOG
PAYMENT TYPE-T FROM 01-10-1995 TO 07-09-2004
D/A:01-10-1995
S10 BROAD HOLLOW RD

MELVILLE, NY 11747

SSN: 561-99-1776

CLAIMANT- JAMAICA, FRANK *MASTER FILE* 2115 PARK DR. SANTA ANA, CA 92707

TTD040 RUN DATE-07/09/2004 RUN TIME-12:41:06 REQUESTOR-DBONAREK TEAM-CLAIM: 1994-0-056770-00001-WC-A

228 90,543.41 TOTAL PAID

07-09-2004 CLIENT- GPC INTERNATIONAL, INC 510 BROAD HOLLOW RD

MARTIN BOYER COMPANY, INC.
PAYMENT LOG
PAYMENT TYPE-P FROM 01-10-1995 TO
D/A:01-10-1995

TEAM-

RUN TIME-12:41:12 REQUESTOR-DBONAREK TEAM-CLAIM: 1994-0-056770-00001-WC-A

TTD040 RUN DATE-07/09/2004

MELVILLE, NY 11747

SSN: 561-99-1776

CLAIMANT- JAMAICA, FRANK *MASTER FILE* 2115 PARK DR. SANTA ANA, CA 92707

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DESCRIPTION	PPO FEES - DOS: 12/5	•	_	INVOICE #SA-002861-D	•	INVOICE #SA-002957 -		02/20/2003 THRU 03/0		03/06/2003 THPH 03/1	REHAB, MILFAGE PEIMB	03/20/2003 THRU 04/0	D/S 01/08/2003 THRU	04/03/2003 THRU 04/1	D/S 02/19/03 THRU 03	04/17/2003 THRU 04/3		05/01/2003 THRU 05/1		05/15/2003 THRU 05/2		05/29/2003 THRU 06/1	REHAB. TRAINING FINAL	_	06/26/2003 THRU 07/0	REHAB, EVAL, 04/24/0		07/24/2003 - 07/31/2	08/01/2003 THRU 08/0	REHAB. TRANSP/CLOTHI	08/07/2003 THRU 08/2	6/27/03-7/31/03 REHA	08/21/2003 THRU 09/0	09/04/2003 THRU						11/13/2003	REHAB, ATTY	11/21/2003 THPH 12/1
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DATES OF : FROM	3 12-05-2001	10-03-2002	11-19-2002	10-28-2002	11-13-2002	12-09-2002	20-62-0030	02-20-2003	02-18-2003	03-06-2003	02-17-2003	03-20-2003	01-08-2003	04-03-2003	02-19-2003	04-17-2003	03-17-2003	05-01-2003	05-15-2003	05-15-2003	04-14-2003	05-29-2003	02-18-2003	06-12-2003	06-26-2003	04-24-2003	07-10-2003	07-24-2003	08-01-2003	06-16-2003	08-07-2003	06-27-2003	08-21-2003	09-04-2003	06-16-2003	09-18-2003	10-02-2003	10-16-2003	10-30-2003	11-13-2003	4 11-18-2003	11-27-2003
	CAMBRIDGE INTEG	INC	JAMAICA, FRANK	INC	INC	INC	AMAICA, FRANK	A, FRANK		A, FRANK	A, FRANK	A, FRANK	INC	JAMAICA, FRANK	INC	JAMAICA, FRANK	INC	JAMAICA, FRANK		A, FRANK		A, FRANK			A, FRANK	INC	A, FRANK	A, FRANK		A, FRANK	A, FRANK	INC	A, FRANK	A, FRANK	A, FRANK	A, FRANK	A, FRANK	A, FRANK	A, FRANK	A, FRANK	S WASSERM	A, FRANK
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TT WKS																																	′.									
C B CHECK NUMBER	WFR-0001256246	WFR-0001392080	WFR-0001398188	WFR-0001449563	WFR-0001474138	WFR-0001566802	WFR-0001588607	WFR-0001620487	WFR-0001641569	WFR-0001651391	WFR-0001654526		WFR-0001691489	WFR-0001716980	WFR-0001733778	WFR-0001745702	WFR-0001758609	WFR-0001784967	WFR-0001791557	WFR-0001811889	WFR-0001844874	WFR-0001848376	WFR-0001865178	WFR-0001875867	WFR-0001910183	WFR-0001923726	•	Y WFR-0001975329	>-			WFR-0001998081	WFR-0002023127	Y WFR-0002058315	Y WFR-0002058315	WFR-0002089035	WFR-0002117311	WFR-0002154413	WFR-0002186506	WFR-0002211021	WFR-0002237365	WFR-0002249564
AMOUNT	8.50		1,500.00	422.50	195.00	130.00	m	418.20	1,916.66	418.20	217.60	418.20	526.50	418.20	_	8	æ	418.20	9	18.2	**	œ.	1,916.68	œ	418.20	208.00	œ	æ	135.43	319.68	316.00	136.50	316.00	9	319.68	Š	ů	316.00	6.0	316.00	864.51	316.00
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DATE R	09-17-2002	15.	-19-	7	2-24-	-06-200	-18	-04-	-13	-18-200	03-19-2003	-01-200	4-02-200	4-15-200	4-23-200	4	-01-200	5-13-	_	- 12	06-09-2003	Ċ	6-1	T 1	07-08-2003	7	- 5	. 5	2.	08-06-2003	-19-200	8-21-200	- 20 - 6	9-16-	9-16-	-30-	13-200	-28-200	-11-200	-21-200	-04-	12-09-2003

PAY PAYEE SSN	561991776S00 561991776S00	561991776S00 561991776S00	561991776800	561791776500	561991776500	330883305T00 953869572T00 561991776S00
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DESCRIPTION	JAMAICA, FRANK 12-11-2003 12-24-2003 12/11/2003 THRU 12/2 PP 561991776S00 JAMAICA, FRANK 12-25-2003 01-07-2004 D/S 12/25/2003 THRU PP 561991776S00	01-08-2004 01-21-2004 01/08/2004 THRU 01/2 PP 01-22-2004 02-04-2004 01/22/2004 THRU 02/0 PP	02-05-2004 02-18-2004 02/05/2004 THRU 02/1 PP	02-19-2004 03-03-2004 02/19/2004 1HRO 03/0 FF 03-04-2004 03-17-2004 03/04/2004 THRU 03/1 FF	03-18-2004 03-31-2004 03/18/2004 THRU 03/3 FP 561991776500 04-01-2004 04-14-2004 04/01/2004 THRU 04/1 PP 561991776500	CRAIG S WASSERM 04-20-2004 04-20-2004 ATTY FEES PER CER AN CLE 330883305T00 BRENT THOMPSON, 04-20-2004 04-20-2004 ATTY FEES PER CER AN CLE 953869572T00 JAMAICA, FRANK 04-20-2004 04-20-2004 PPD PER CER ANA-0311 PP 561991776S00
DATES OF SERVICE FROM TO	03 12-24-20 03 01-07-20	04 01-21-20	04 02-18-20	04 03-03-20	04 03-31-20	04 04-20-20 04 04-20-20 04 04-20-20
DATES OF FROM	12-11-20	01-08-20			03-18-20	M 04-20-20 04-20-20 04-20-20
, , ,	FRANK	FRANK	FRANK	FRANK	FRANK	WASSER OMPSON FRANK
TT WKS PAID PAYEE	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA,	JAMAICA, FRANK JAMAICA, FRANK	CRAIG S' BRENT TH
# TT WKS PAID						
C # B CHECK NUMBER	WFR-0002275478 WFR-0002304572	WFR-0002333828 WFR-0002366285	WFR-0002400818	WFR-0002467384	WFR-0002495807 WFR-0002525858	WFR-0002543042 WFR-0002543044 WFR-0002543043
AMOUNT	316.00	316.00	316.00	316.00	316.00	10,125.00 4,500.00 25,404.19
F 24 -	A A	<u>α</u> α	Δ, ε	ъ. Съ	<u> </u>	գ. գ. գ.
DATE	12-18-2003 01-06-2004	01-20-2004	02-18-2004	03-17-2004	03-31-2004 04-14-2004	04-21-2004 04-21-2004 04-21-2004

55

64,915.39 TOTAL PAID

N

MARTIN BOYER COMPANY, INC.
PAYMENT LOG

PAYMENT TYPE-P FROM 01-10-1995 TO 07-09-2004

CLIENT GPC INTERNATIONAL, THE D/A:01-10-1995

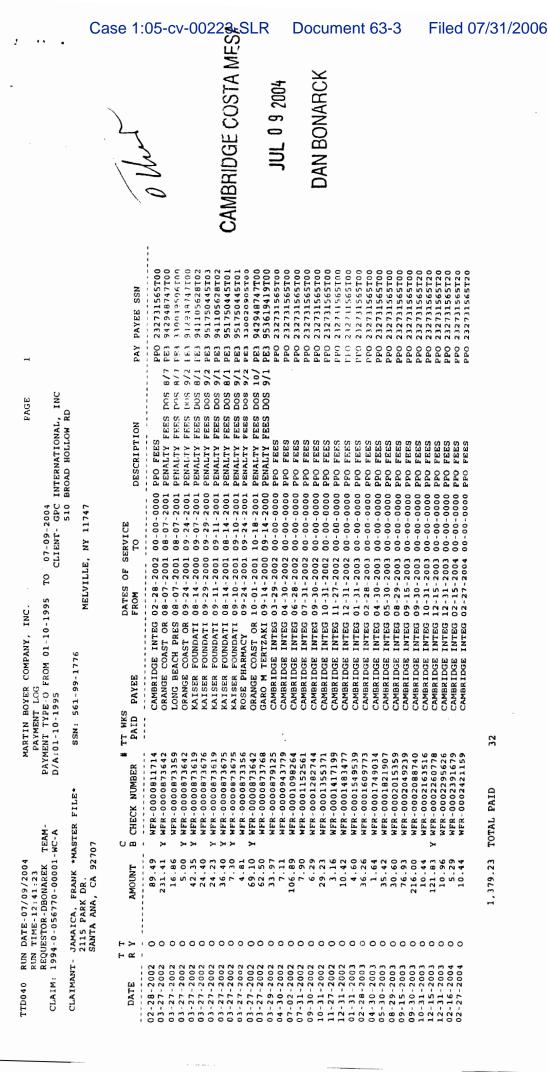
510 BROAD HOLLOW FD

MELVILLE, NY 11747

SSN: 561-99-1776

CLAIMANT- JAMAICA, FRANK *MASTER FILE* 2115 PARK DR. SANTA ANA, CA 92707

TTD040 RUN DATE-07/09/2004
RUN TIME-12:41:12
REQUESTOR-DBONAREK TEAM-CLAIM: 1994-0-056770-00001-WC-A



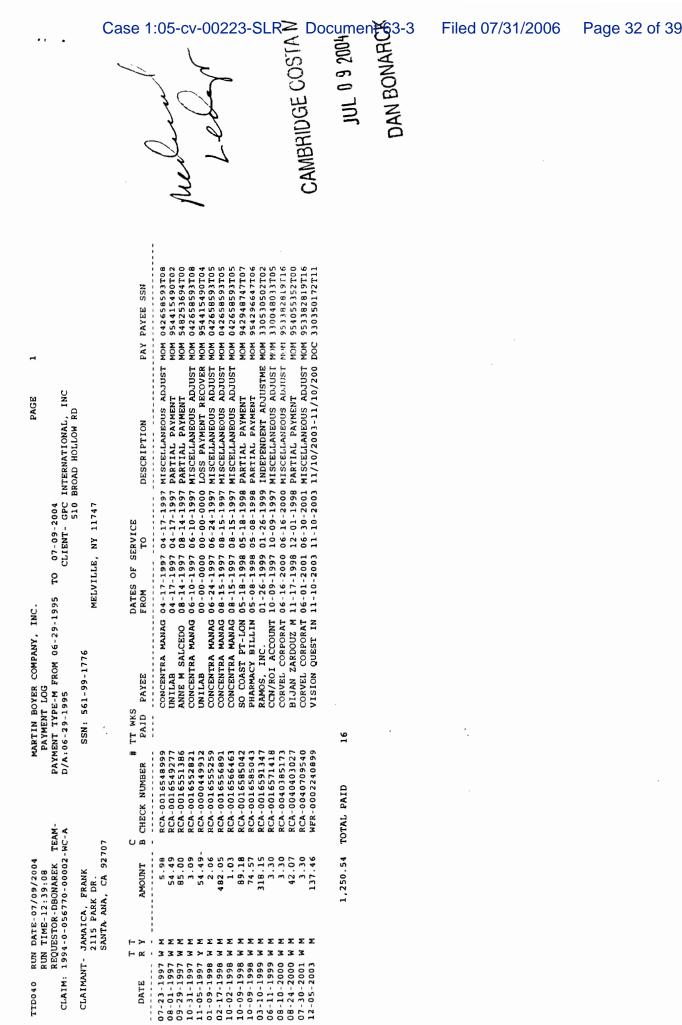
Page 30 of 39

YR 3994 REW 0 CLT 056770 CLM 0000 YR 1994 REV 0 CLT 056770 M/CLM 0 TPA# 00050 TPA CLM# V70007897507	0002 TYPE A CT	GPC INTERNATIO MASTER CLT: GPC INTERNATIO	NAL, INC 056770	S Page 31 of 39
RELIANCE/GUARANTEE FUND-V	EMPLOY ID#	DCI	06/20/3005	
	EMPLOY ID#:		06/29/1995	_
ACCDESC: NORMAL DUTIES, GROIN, R				
TOTAL INCURRED PAID TO DATE			D CHECKS	\sim ()
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SUBRO RECOVERY: .0			.00	
SIR/DED: .0				
	O MAN: D52 JENNIFER		MESA, CA	
F1=PRV F2=TT F3=NCCI F4=RES HST			MESA, CA	
F5=LTR F8=PAY F9=MEMO F10=DSP PA				
F15=EXCINV F16=TPAINQ F17=PRINT	F19=DATE F2	0=LEGAL F22=SAL-	CONT	

F23=INQ2 F24=UPDCLM

CLAIM DISPLAYED

pref fle



TTD040

CAMBRIDGE COSTA MESA JUL 0 9 2004 DAN BONARCK

1 ASSOCIATED REPR 04-22-1997 04-22-1997 MISCELLANEOUS ADJUST TP 953958974T00 2 RAMOS, INC. 01-26-1999 01-26-1999 INDEPENDENT ADJUSTME TP 330530502T02

386.07 TOTAL PAID

RCA-0016546190 RCA-0016602178

67.92 318.15 AMOUNT

03-29-1999 W T

FROM

PAID PAYEE

TT WKS

C B CHECK NUMBER

T R Y

PAY PAYEE SSN

DESCRIPTION

DATES OF SERVICE

MELVILLE, NY 11747

SSN: 561-99-1776

PAYMENT TYPE-T FROM 06-29-1995 TO 07-09-2004
D/A:06-29-1995
SLIENT- GPC INTERNATIONAL, INC
510 BROAD HOLLOW RD

MARTIN BOYER COMPANY, INC.

PAYMENT LOG

TTD040 RUN DATE-07/09/2004 RUN TIME-12:39:14 REQUESTOR-DBONAREK TEAM-CLAIM: 1994-0-056770-00002-WC-A

CLAIMANT- JAMAICA, FRANK 2115 PARK DR. SANTA ANA, CA 92707

PAGE

Case 1:05-c	v-00223-SLR Document 63-3 Filed 07/31/2006 Page 34 of 39
NAME CIMA	ICA Frank ACCOUNTS 140270
DATE 1 28/94 AG	ACCOUNT & TO 2 TO E 36 HT NE WY 194 LNMP NA ALLERGIES NKCAA NE BP(L) 120/7 P 7N R 18 T 96 0 MEDS & On (R) 4854666 X 8 MONTH S CON Lyania Strains The strains
TIME JOWN BPO	R P(L) P P P T P T P T P T P T P T P T P T P
Mo Pain esto/	discurial & tours.
conetic seco 4	Cipro 500 mg BIO X 10 d app.
trul	Cipro 500 my 810 x 10 d mp.
MA	rd MEDICATION IN COLUMN TO ON THE
	LOT/CONTROLO: EXPIRATION DATE: DATE
•	SITE ADMINISTER SURGE CONTROL OF SIGNATURE:
	ORDERED BY:
10/28/96:	FRANK JAMAICA 460 270
S :	C/O right testicular pain X 8 months. Mostly constant. Worse with movement. Radiates to entire anterior thigh and back. No history of STD. Monogamous/married. No dysuria. No testicular trauma or surgery. Seen 4 months ago by "urologist, Dr. Chan" and was given NSAID, probably Motrin without relief. Denies other systemic symptoms. No fever or penile discharge.
0:	Normal uncircumcised male. No rashes or masses seen. Left testicle normal without masses or tenderness. Right testicle: Hydrocele detected. Minimally tender in the epididymal area. No masses, lymphadenopathy, or hernias noted.
A:	1. Chronic epididymitis.
P:	 Trial of Cipro 500 mg. p.o. b.i.d. X 10 days. U/A. Tetanus. Health maintenance appointment. F/U in 2-3 weeks or earlier if not better. Scott Lee, M.D./eo
·	3/20/g7 8P

NH3 - 0020 4/40

CIGA 3522

WORKER'S COMPENSATION

11/29/96: JAWATCA, FRANK 460270

S:

Right testicular pain X 8-9 months. This started suddenly while he was working and perhaps stretched wrong. He is unsure of the type of mechanism. It is mostly constant. Now states no aggravating or palliative associative factors. No sexual dysfunction. This pain radiates over the entire anterior thigh and back. No history of STD. No dysuria, testicular trauma, or surgery. Unknown mumps. Seen 10/28/96 and previously by Dr. Chan and given NSAID. Recent treatment with Cipro 500 mg. p.o. b.i.d. x 10 days which he states he took. Pain is sharp in nature. Otherwise healthy.

0:

Testicles are normal. Minimal tenderness right epididymal inguinal area. No hernia noted. No masses. Skin and penile shaft and glans are all normal.

A:

Epididymitis. No evidence of torsion. No hydrocele noted.

P:

- 1. Rocephin 250 mg. IM.
- 2. Doxycycline 100 mg p.o.b.i.d. x 10 days.
- 3. Recheck in 2 weeks.
- 4. Motrin 800 mg 1 8 prn.
- 5. Wear support hose except at bedtime or when showering.
- 6. Try warm or ice pack to scrotum, if not better consider referral.

Scott Lee, M.D./eyp

-	Case 1:05-cv-00223-SER	Document 63-3	Filed 07/31/2006	Page 36 of 39
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NAME	- TABA CA	3000	a fault. 14	460, 30
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o.	ADERED BY:	20		

3/20/17 8P

CIGA 3521

WORKER'S COMPENSATION

11/29/96: JAWAICA, FRANK 460270

S:

0:

P:

Right testicular pain X 8-9 months. This started suddenly while he was working and perhaps stretched wrong. He is unsure of the type of mechanism. It is mostly constant. Now states no aggravating or palliative associative factors. No sexual dysfunction. This pain radiates over the entire anterior thigh and back. No history of STD. No dysuria, testicular trauma, or surgery. Unknown mumps. Seen 10/28/96 and previously by Dr Chan and given NSAID. Recent treatment with Cipro 500 mg. p.o. b.i.d. x 10 days which he states he took. Pain is sharp in nature. Otherwise healthy.

Testicles are normal. Minimal tenderness right epididymal inguinal area. No hernia noted. No masses. Skin and penile shaft and glans are all normal.

A: Epididymitis. No evidence of torsion. No hydrocele noted.

1. Rocephin 250 mg. IM.

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3. Recheck in 2 weeks.

4. Motrin 800 mg 1 8 prn.

5. Wear support hose except at bedtime or when showering.

6. Try warm or ice pack to scrotum, if not better consider referral.

Scott Lee, M.D./eyp

DATE 11 00 30023-SLR DOCUMENT 63-3 Filed 07/31/2006 Page 38 of 39

NAME

DATE 11 00 3002 36 HT NOT 19 UNMP ALLERGIES

TIME 1 BPIR N-BPILL 1 P 68 R 1 - 97. 9 MEDS

Commant

Capit Support

Results 25 mg 1 Mg Days 106 mg FID X 10 d

Results 25 mg 1 Mg Days 106 mg FID X 10 d

Results 20 mg 1 Mg Days 106 mg FID X 10 d

When w. I b

MEDICATION/OOSE: 20 Calonia MANUFACTURES: 20 Calonia MANUFACTURES:

MANUFACTURER:

LOT/CONTROLS:

EXPIRATION CATE

DATE:

SITE ADVINISTERS DEROUTE:

FACILITY:

SIGNATURE:

ORDERED BY:

ORDERED BY:

3/20/17 8P

MANY amaic	A Frank	ACCOUNT &	40270
DATE 4/28/94 AGE 3	6 HT NE W 194	LNMP UA ALLERGIE	s NKdA
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	ORDERED BY:		

10/28/96:

FRANK JAMAICA 460 270

S:

C/O right testicular pain X 8 months. Mostly constant. Worse with movement. Radiates to entire anterior thigh and back. No history of STD. Monogamous/married. dysuria. No testicular trauma or surgery. Seen 4 months ago by "urologist, Dr. Chan" and was given NSAID, probably Motrin without relief. Denies other systemic symptoms. No fever or penile discharge.

0:

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A:

Chronic epididymitis. 1.

Р:

- 1. Trial of Cipro 500 mg. p.o. b.i.d. X 10 days.
- U/A. 2.
- 3. Tetanus.
- 4. Health maintenance appointment.
- F/U in 2-3 weeks or earlier if not better.